Mears Care Limited

Mears Care - Bromley

Inspection report

Crown Meadow Court
23 Brosse Way
Bromley
Kent
BR2 8FE

Tel: 02084621006
Website: www.mears.co.uk

Date of inspection visit:
18 June 2019

Date of publication:
06 August 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
This service provides personal care to people living in their flats in a specialist 'extra care' housing. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service provided personal care to 60 people in their flats at the time of the inspection.

People's experience of using this service and what we found
People told us they felt safe. Staff knew what to do if they thought somebody was at risk of abuse; and they knew about their responsibilities to whistle-blow to protect people. People's care needs, and risks were assessed before they started using the service; and reviewed regularly. Care plans were in place and showed how people's needs would be met and actions taken to reduce identified risks. People received their medicines safely. Incidents and accidents were reported, and the registered manager reviewed them.

Staff received appropriate training and regular support and supervision to do their jobs effectively. Staff were recruited safely and there were enough staff to meet people's needs. Staff were kind and caring; and gave people choice of how they wanted their care delivered. Staff respected people's dignity, privacy and independence. Staff supported people to access healthcare services they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before it was delivered. Staff and the provider understood their responsibilities to act within the Mental Capacity Act 2005.

People were supported to engage in social and recreational activities they enjoyed. People were supported to maintain their cultural and religious beliefs. Staff understood equality and diversity issues and promoted these.

There was a complaints procedure in place and we saw complaints received were managed well.
There were systems in place to effectively assess and monitor the quality of service delivered. The registered manager and staff demonstrated a commitment to the continuous improvement of the service.

Rating at last inspection
The last rating of the service was Good (published 5 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Mears Care - Bromley

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and an expert by experience (ExE) who made phone calls to people and their relatives to ask about their views of the service. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit. This was because we wanted to make sure there was a member of the management team available to give us access to records.

Inspection activity started and ended on 18 June 2019. We visited the office location to see the registered manager and staff; and to review care records and policies and procedures.

What we did before the inspection
We reviewed information we had received since the service registered. We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We checked information held about the service such as notifications of significant incidents.

During the inspection
We spoke with five people who used the service, four relatives, three care staff, the deputy manager, registered manager and housing manager. We looked at four care records for people, four staff files including recruitment, training and supervision records and records relating to the quality assurance of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● Medicines were managed safely. Each person's care file included a medication profile which gave details about their medicines, the support the person needed, any allergies and who was responsible for prescribing and ordering medicines.

● People told us they received their medicines on time and as prescribed. One person said, "I am always given all my medication, the carer logs what I have taken, and the office get the sheet for reordering."

● However, we noted six gaps in the 12 people's medicines administration records (MARs) looked at for a three weeks period. The daily care records documented that the medicines had been administered and a count of medicines showed that medicines had been given. We discussed the gaps in the MAR with the registered manager and deputy manager, they told us they were doing regular audits; and ongoing supervision and training with staff to improve in this area.

●We saw evidence such as monthly audits completed, actions taken which included team meetings where this matter was discussed with staff.

Systems and processes to safeguard people from the risk of abuse.

● People continued to be safeguarded from the risk of abuse. People told us they felt safe. One person said, "I feel totally safe here. Someone is always around to help me. If I had an issue about my safety I would speak with the ladies in the office."

● Staff were very clear about the provider's safeguarding and whistleblowing policy and procedure. They confirmed they had received training and knew what actions to take if they suspected someone was at risk or had been abused. They also knew of their responsibility to whistle-blow to relevant authorities if needed to safeguard people; and they felt confident to do so.

● The registered manager knew their responsibilities to raise alert to safeguarding authorities, investigate concerns and notify CQC as required.

Assessing risk, safety monitoring and management.

● Risks to people's health and well-being were assessed. These assessments included risks, such as skin integrity, nutrition, falls, and moving and handling. When a risk had been identified, action had been taken to minimise the risk.

● Risk assessments were detailed and provided staff guidance to promote people's safety. One person said, "The carers always make sure I am wearing my pendant alarm to call them if I need help." A relative told us, "The carers are very safety aware. They are excellent in the way they move and handle my loved one." Staff knew actions to take to deal with medical and non-medical emergencies to reduce risk to people.

Risk assessments were reviewed and updated regularly or when required to make sure they highlighted the risks people faced and actions to reduce them.

Staffing and recruitment.

● There were enough suitably skilled staff available to meet people's needs safely. Staff were recruited safely, and all the appropriate checks were carried out to protect people from the risk of unsuitable staff working with them.

● The service was staffed day and night as part of the contractual agreement with the commissioning authority. Rotas were planned in advance and ensured people received the support they needed from staff. One person told us, "They [staff] always stay as long as it takes to help me. They never rush me." A relative mentioned, "The carers sometimes stay more than the time allocated to loved one. They never rush them but go at their space."

● There were care phone systems available which people used to call for help if they needed immediate support from staff and they told us staff always responded promptly.

● Staff confirmed they had enough time to care for people. They told us if people required additional time, they informed the registered manager who then made a request to the commissioners for an increase in care times. Vacant shifts or emergency absences were covered by the team leaders or office staff who also had the skills and experience in providing care to people.

Preventing and controlling infection

●Appropriate measures were in place to protect people from the risk of infection.

● Staff told us they had access to personal protective equipment.

● People who used the service told us staff wore gloves and aprons when supporting them. A relative told us, "The bathroom is always left clean and the towels are always hung up. The pads are always wrapped up and taken away to be disposed properly."

Learning lessons when things go wrong

● Record of incidents and accidents was maintained. The registered manager and deputy manager reviewed records to identify any patterns and trends. Actions were taken to reduce risk and repeat of incidence. For example, an occupational therapist had provided equipment and training to staff following falls reported.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed and planned for. The service received information which included people's needs assessments and care plans from the referring authority. Senior members of staff arranged a visit to people to assess their needs. The assessments covered a range of areas including physical health, mental, social, environment, nutrition and mobility.
- People and their relatives where possible took part in the assessment process. One person told us, "An assessment of what help I needed was done before I was accepted here."
- Care plans were developed when people started to use the service. The registered manager told us that assessment of needs was an ongoing process initially as they observed people's abilities and learnt new information about them. Care plans were reviewed and updated based on people's needs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People gave their consent before care was delivered to them. One person told us, "The carers always ask what help I want, and I decide." Staff told us they had received training about the MCA and demonstrated a good understanding of capacity and consent issues.
- Relatives confirmed staff involved them in decision making about their loved one's care. There were Power of Attorney/Court of Protection documents in people's files about their accommodation and health and wellbeing. We saw best interest decisions were completed for people in relation to specific decisions about their care such as managing medicines and participating in activities.
- The registered manager understood their responsibilities under MCA.

Staff support: induction, training, skills and experience
- People were supported by staff who had ongoing training, support and supervision to do their jobs. Staff

received induction and training when they first started and continued to receive training to develop their knowledge and skills in the jobs. Staff confirmed they had received all the relevant training they needed to provide effective care to people. One staff member commented, "I am up to date with my training."

● People told us staff had the skills and were effective in their roles. One person said, "The carers are experienced. They can tell when I am feeling a bit down and know how to help me get through. Every day they write a little synopsis of how I am." A relative mentioned, "Yes, they are all trained and extremely efficient."

● Staff told us, and record showed they received good support from the team leaders and registered manager these included regular supervisions and spot checks to assess their competence in care delivery. Staff performance was appraised annually.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported with their nutritional and fluid needs. There was an onsite catering service that provided people with cooked meals daily. People were offered one cooked meal daily as part of the commissioned service. This meant people always had a nutritious food available to them. Staff encouraged and supported people to have their meals in the main dining area or people's flats if that is what they preferred.

● People's nutritional needs were assessed and documented. People told us staff supported them to have their meals where required. One person said, "I have the cooked meal the service provides, and the carers help me prepare breakfast and tea in my flat."

● Staff knew the actions to take if they had concerns about people's eating and drinking. They told us they would let a member of the management team know and then involve people's relatives and GP.

Staff working with other agencies to provide consistent, effective, timely care.; Supporting people to live healthier lives, access healthcare services and support

● People's health care needs were met and staff liaised effectively with other services to ensure care and support was well coordinated. One person told us, "I had a back problem which didn't seem to be improving and the carer called the doctor for me." Another said, "When I get a letter for a hospital appointment I take it down to the office staff and they arrange an ambulance to pick me up and get me there."

●The housing officer we spoke to told us that staff liaised with them regarding any maintenance or repairs needed in people's flats. They said, "Staff are really good. They communicate with us effectively."

● The service used a system called a 'Working Together' form which is designed to support people's journey to other services and hospitals. It contained important information about a person including name, next of kin, date of birth, ethnicity, religion, GP and medical conditions. Staff told us they made sure people took this form with them when they went to hospital to ensure relevant information about a person was shared to ensure their needs are met.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated and supported with respect. People and their relatives were complimentary of the care they received from staff. Comments included, "All the staff are friendly, caring and pleasant", "Staff are lovely. I don't know what I would do without them, they sit and talk to me and reassure me", And, "From what we see the carer treats loved one very well. They are always helpful."
- Staff knew people well; what mattered to them and what caused them anxieties. We observed staff providing support to people in communal areas. They were attentive to people's needs. They called people by their preferred names. There were good interactions between people and staff. Staff spoke to people appropriately and in a caring manner.
- Staff had completed equality and diversity training and promoted this in their work. Staff were aware of the various diversity issues. They gave us examples of how they respected and promoted these. Staff supported people to take part in religious services held on site or arranged for people to attend one of their choice in the community. Staff supported people to eat their cultural food.
- The service enabled and supported people to maintain relationships which mattered to them. There were double flats available for couples or relatives to use. One person told us how staff supported them and their loved one and helped them spend time together.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was respected. One person said, "They [staff] ring the bell or knock and call out before they come in." A relative told us, "They [Staff] fully respect our home. They close the door when assisting our [loved one] in the shower. They make sure our [loved one] is appropriately dressed and they tidy the bathroom before they leave."
- Care plans indicated what people could and could not do for themselves. Care visits were tailored to support people in areas they needed support with. Where people were able to do aspects of their activities of daily living, staff encouraged them to do so. For example, we read some care plans which stated people needed support from staff to wash and shower, but they could dress themselves independently.
- One person commented, "After a month in hospital I needed quite a lot of help getting out of bed, the carers know I like to try and do things for myself. As I have got stronger I now get up and dress myself and they come in and make my breakfast if I want them to and they give me my pills."
- Staff worked with people to increase their independence and continue to live in their own flats as long as possible. We saw examples of where people's care package had reduced due to improvements made.

Supporting people to express their views and be involved in making decisions about their care

● People and their relatives told us they were asked for their views and were supported to make decisions about the care and support they received. People told us they made decisions of what they did day-to-day and staff respected them. One person said, "I prefer to have lunch in my flat and the kitchen staff make sure they send it to my flat."

● People decided what time they wanted their care visits. One person said, "I prefer the very early morning visit and that is what I get." A member of staff told us they supported people to decide how and where they wanted to spend their day. For example, if a person wanted to have a cup of tea and stay in bed and then have shower later in the day, they accommodated such preferences as much as possible.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received the care and support they needed; and they told us they were involved in the development of their care plans. One said, "They [staff] are always helpful. The care managers had a meeting with me to discuss what help I needed."
- Each person had a care plan which gave a summary of their physical health and their personal care needs. We noted however that care records did not have a 'personal profile' for people which contained any information about people's personal history and backgrounds. This meant that new members of staff may not find information easily to help them learn and understand people's backgrounds, so they can relate and support them accordingly. We discussed this with the registered manager and they told us they knew about this and were working on it. They showed us a form they had developed to do this.
- Daily care notes described care provided to people and it showed people received their care as planned.
- Care plans were reviewed regularly to reflect people's needs. For example, following a one person's care review, new equipment had been ordered for them due to recent difficulties in their mobility. Their care plan was updated to reflect their changing needs.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in the way they understood. Staff assisted people to put on their hearing aids and glasses; and arranged appointments with opticians and audiologists.
- The registered manager told us that if people required information in different formats or languages, that this would be made available to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The provider had a contract with the local authority to deliver activities for people. People were supported to socialise and engage in activities they enjoyed and stimulated them. Staff organised activities such as coffee mornings, games, sing-a-longs, concerts and performances from local schools and groups.
- We saw staff engage people in small groups for example playing cards and puzzles. Some people spent time chatting in small groups while others had one-to-one chats with staff. Those who preferred to spend time in their flats could do as they wished.

Improving care quality in response to complaints or concerns

● People knew how to make a complaint if they were not satisfied with the service. People received a copy of the complaint procedure when they started using the service. One person told us, "I would speak with one of the managers, they have always been very helpful, and I am sure they would get it sorted." A relative said, "I have not made a complaint but know if I had one I would put it in writing and hand it to the registered manager."

● Records of complaints made to the service were maintained . There had been four complaints since our last inspection. These had been responded to in line with the provider's procedure.

End of life care and support

● At the time of our inspection, no one was receiving end of life care. The registered manager told us that they had delivered end of life care in the past and they worked closely with local palliative care team, and people's GPs to meet people's needs.

● End of life training was delivered to staff 'as and when required' to meet people's specific needs.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a registered manager in post who was clear about the vision of the organisation. The registered manager understood their responsibility in delivering a safe and effective service to people. They told us they worked with families, commissioners and the housing provider to meet people's needs.
- People and their relatives told us they knew the manager and found them approachable and easily accessible. One person said, "The manager is brilliant! If they are short of staff, they put on their hat as a carer and do the carers job." A relative commented, "The registered manager is very good. They do what they say they will do. They are very good at organising the staff. If someone has phoned in sick, they will come in and cover the shift."
- There was an open and transparent culture in the service. People, relatives and staff told us the registered manager listened; and was open to feedback. One person told us, "The manager always asks what I think of living here. They always ask for feedback." Staff felt they were able to make suggestions about the service and their views were taken into account.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a deputy manager and a team of team leaders; and together they operated an on-call management system. This meant staff got the support they needed during and after office hours.
- Staff told us they received good levels of support from the team leaders, deputy manager and the registered manager. One member of staff said, "Everyone in the office [management staff] is really supportive. If we go to them for help they always do. They are hands-on and ready to help when we need it."
- The registered manager understood their regulatory requirements. They informed CQC of events that happened in the service as required by our regulations.
- Both the management and care staff teams were clear about their roles and responsibilities and all demonstrated the commitment to providing a person centred service to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service sought the views of people, relatives, staff and professionals through surveys. Feedback

received were satisfactory. One person commented, "All the staff here are good, and they help me so much." A relative stated, "Lovely, efficient, kind carers. Crown Meadow runs like 'clockwork', but it is down to the fantastic team in the office." A professional commented, "Residents are well cared for. It is nice to engage with your team who have a pro-active approach."

● Staff meetings were held which staff told us they found useful and said they were encouraged to discuss their ideas. Staff meetings were also used to share information, and good practice examples and lessons learned. For example, the importance of completing recording MAR accurately and clearly was regularly discussed at meetings; and any progress made was celebrated.

● Regular audits of MAR, care plans and equipment checks were carried out to identify areas of improvements. The registered manager showed us forms developed and now being used to improve the care planning to make it more person centred.

Working in partnership with others

● The service worked in partnership with other organisations to help promote quality within the service. They liaised with the local authority service commissioners, the housing provider, training providers, and local schools to deliver activities.